AGENDA REQUEST MEMO

# Department Name

**To:** Kennie Hobbs, Jr., *Interim City Manager*
**From:** Allen Siegel, Deputy Chief of Police
**RE:** Police Department
**Date:** February 19, 2025

The police department is requesting to use $1,350 of State Law Enforcement Trust Funds.

The following information has been prepared for your consideration:

## I. REQUESTED ACTION

The police department has received a request from Guardians Involved for Tomorrow (GIFT) for funds to assist with a youth program. We are requesting that this is placed on the earliest commission agenda for approval.

## II. SUMMARY AND HISTORY/BACKGROUND INFORMATION

The police department is requesting to utilize State Law Enforcement Trust Funds to assist with the GIFT youth program.

Guardians Involved for Tomorrow, GIFT, is a nonprofit 501c3 organization that assist with the development and guidance of youth in the community. GIFT has made a request for Community Based funding through the Police Department's Trust Funds. I am requesting that we utilize $1,350 of State Law Enforcement Trust Funds to assist with this request. The program will target Lauderhill Youth to assist them with life skill developments.

I am requesting your consideration for $ 1,350 the State Law Enforcement Trust Fund to assist with funding for this program. A review of the current balance would demonstrate that there is enough funds available. Therefore, it is my request that these funds are utilized to make this purchase. If approved, the funds would be transferred into account 120-683-06440.

## III. FINANCIAL IMPACT

Funds requested are available in the State Law Enforcement Trust Fund, which should not have any effect on the City's general budget.

It is requested that the transfer of funds be placed on the same agenda as the approval of the item to eliminate any delay in the process.

## IV. RECOMMENDATION/ACTION

It is our recommendation that the funds are approved to assist with this community based event.

## *V. ATTACHMENTS*

1. Memo justifying the use of funds
2. Memo requesting the transfer of funds.
3. Email approval from legal stating that the request meets the appropriate use for these funds
4. Application requesting use of funds for a community based program.

# Lauderhill Police Department

**To:** Constance Stanley, Chief of Police

**From:** Allen Siegel, Deputy Chief of Police

**Date:** February 6, 2025

**Subject:** Request for State Law Enforcement Trust Funds

The police department is requesting to utilize State Law Enforcement Trust Funds to assist with the GIFT youth program.

Guardians Involved for Tomorrow, GIFT, is a nonprofit 501c3 organization that assist with the development and guidance of youth in the community. GIFT has made a request for Community Based funding through the Police Department's Trust Funds. I am requesting that we utilize $1,350 of State Law Enforcement Trust Funds to assist with this request. The program will target Lauderhill Youth to assist them with life skill developments.

I am requesting your consideration for $ 1,350 the State Law Enforcement Trust Fund to assist with funding for this program. A review of the current balance would demonstrate that there is enough funds available. Therefore, it is my request that these funds are utilized to make this purchase. If approved, the funds would be transferred into account 120-683-06440.

# Lauderhill Police Department

**To:** Officer of Management and Budget

**Via:** Constance Stanley, Chief of Police

**From:** Allen Siegel, Deputy Chief of Police

**Date:** February 6, 2025

**Subject:** Release of State Law Enforcement Trust Funds

The police department is requesting to the use of State Law Enforcement Trust Funds to assist with a Community Based nonprofit program. Funds for this purchase can be found in the Law Enforcement Trust Fund, account number 1206839935. This purchase is not expected to exceed $1,350.

This memorandum is to request that the Office of Management and Budget place the transfer of these funds on the same Commission Agenda as the requested items. This will eliminate any delays for the purchase of these items if approved by Commission.

Your consideration in this matter is greatly appreciated.

**Allen Siegel**

**From:** Hans Ottinot <hans@ottinotlawpa.com>
**Sent:** Thursday, February 6, 2025 7:40 AM
**To:** Allen Siegel; Cityattorney
**Cc:** Yolan Todd; David Hennessy; Kennie Hobbs
**Subject:** Re: Request for use of Law Enforcement Trust Funds

CAUTION: This email originated from outside of the City of Lauderhill. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Deputy Chief Siegel:

Based on the review of Gift's application, the request is consistent with the appropriate use of State Law Enforcement Trust Fund. Please proceed.

Regards,

Hans

Hans Ottinot
Managing Partner

Ottinot Law
P.A.

(954) 254-8054
5944 Coral Ridge Drive, PM#201
Coral Springs, Florida 33076

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**From:** Allen Siegel <asiegel@Lauderhill-fl.gov>
**Sent:** Wednesday, February 5, 2025 5:02 PM
**To:** Cityattorney <cityattorney@Lauderhill-fl.gov>
**Cc:** Yolan Todd <YTodd@lauderhill-fl.gov>; David Hennessy <dhennessy@lauderhill-fl.gov>
**Subject:** Request for use of Law Enforcement Trust Funds

Good afternoon,

We received the attached request for Community Based Funding from GIFT. The request is for $2,500. I have reviewed this request with Chief Stanley, who is recommending that we only provide funding for item 2 in the itemized budget (page 5). Therefore, if the request meets the legal guidelines for use of State Law Enforcement Trust funds, we would be recommending that we only provide $1,350 to support the program.

Please let me know if approved by legal and we will begin the process with OMB to put this request on the earliest Commission meeting for approval.

Thank you,

Allen

Deputy Chief Allen Siegel
Lauderhill Police Department
6279 W. Oakland Park Blvd
Lauderhill, FL 33313
(O) 954-714-4809
(C) 954-605-5353

# City of Lauderhill Police Department

# Procedures for use of State and Federal Law Enforcement Trust Funds for Community-Based Funding

**Community - Based Organization Funding Eligibility Guidelines:**

1. Applying entity must be either:

   a. A state, county, or local governmental department or agency; or

   b. A private, non-profit organization, pursuant to 26 U.S.C § 501(c)(3) or (4) (required for use of Federal Funds)

   c. Community-Based Florida organization

2. Applying entity must be primarily engaged in providing a program that his both:

   a. Community-based; and

   b. Funds are being requested for a **PERMISSIBLE USE** which is supportive of and consistent with a law enforcement effort, policy, or initiative (i.e., drug abuse treatment; drug and crime prevention; education; housing or job skills program; school resource officer; safe neighborhood; or other eligible law enforcement purpose).

3. Applying organization must certify that:

   a. The organization meets the basic eligibility requirement as outlined in Paragraph 1 and 2 above; and

   b. All funds awarded will be used solely for a **PERMISSIBLE USE** as defined in Paragraph 2(b); and

   c. No funds received will be used for political or personal purposes; and

   d. No funds received will be used in an improper or illegal manner as defined under State, Federal or Local laws, rules, regulations, orders, or ordinances; and

   e. No officer, director, trustee, or fiduciary affiliated with this organization has been:

      i. Convicted of a felony offense under federal or state law or

      ii. Convicted of any drug offenses; and

   f. The organization is in compliance with federal laws that apply; and

   g. The organization is in compliance with the federal civil rights laws; and

h. The organization will account separately for all guidelines for the use of funds received; and

i. The organization will be subject to standard accounting requirements and practices employed under state and/or local law for use of awarded funds.

***We are PROHIBITED from making cash transfers or donations. If awarded, we MAY DIRECTLY purchase supplies, equipment, or services ourselves for the program(s) OR REIMBURSE your organization for eligible expenditures with a valid, itemized receipt AFTER the items are purchased.***

***The following elements of this packet are required and must be submitted together as a complete application. Incomplete applications will not be considered.***

# Lauderhill Police Department

## Application or Community-Based Program Funding

*Please note that funding awards in the amount up to $2,500 may be available depending upon eligibility of the Organization, the Permissive Use, and the availability of funds. All completed qualifying applications will be considered. If your Organization is awarded funds we will contact you within 60 days of receipt of the completed application. Phone calls and emails regarding funding requested will not be accepted.*

| **Applicant Agency Information** | | | | | |
|---|---|---|---|---|---|
| Legal Name of Organization: | GIFT | | | | |
| Program Title: | Explorer Servant Ledership Camp 2025 | | | | |
| Main Address: | 5139 North University Drive | | | | |
| City: | Lauderhill | State: | FL | Zip Code | 33351 |
| Telephone #: | 561 809 7850 | Office: | | Cell: | |
| CEO/Executive Director: | Yvonne Pubien | | | | |
| E-mail Address: | admins@giftsfl.org | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Name / Title of Program Contact: | Yvonne Pubien | | | | |
| Cell Phone: | 561 *097850 | Email: | admins@giftsfl.org | | |
| Primary Program Activity Location: | 5139 North University Drive | | | | |
| City: | Lauderhill | State: | Fl | Zip Code: | 33351 |
| Program Performance Period: | March 24-29, 2025 | Requested Amount: | | | 2500 |

**Organization's Background:** Kindly provide a concise description of the Applicant Agency, including its history, years of operation, general mission statement, and primary services provided.

G.I.F.T. Guardians Involved for Tomorrow Mentoring Program, Inc. (G.I.F.T) is a 501(c)3 organization founded in 2018 by a retired City of Lauderhill Community Policing Officer/SRO Yvonne Pubien; this organization was initially known as Helping Hands Community Outreach Center which was founded in 2010. This organization was launched as a community project to impact families living in the Lauderhill Windermere Community. During the 2017-2018 Broward County school year Officer Pubien rebranded the organization to G.I.F.T. as a direct initiative to support the principals and students attending Broward County Schools. During the 2018 summer months, Officer Pubien started the "Leading Ladies" program to serve girls between the ages 9-18 who were exhibiting at-risk behaviors that could take a negative effect on their lives. Girls enrolled in these programs participated in various crime prevention & intervention activities, educational workshops, career exploration, volunteer enrichment activities, leadership roles, and multicultural field trips. After retiring in 2020 Yvonne launched the "Boys

## Define the Program to be Funded and how it qualifies as a Permissible Use under these Guidelines:

Program Overview:
The " Explore Servant Leader Career Pathway(s) " camp is designed to empower middle & high school students to explore civil servant career pathways, community involvement, social justice and aquatics basic water safety skills. During the spring break week of 2025, we will explore careers that provide nonprofit services and resources to various populations. Participants will participate in volunteer activities as well as creative team-building activities to provide support, and supplies, and develop entrepreneurial skills in line with the organization's mission. Participants will also receive basic life-saving skills taught through aquatics activities and field trips. Students will engage in social justice activities to learn The program aims to inspire students to envision a bright future, embrace their unique talents, and pursue their passions.

## List the element(s) of your program that requested funds will be used for:

***be specific; listing the exact item(s) to be purchased, with itemized dollar amounts that relate to a PERMISSIBLE USE***

1. Breakfast + Late Snack After Pool Time $13 per person X 15 Students X 5 Days — $ ~~975~~ 00
2. Family Fun Day Unity in the Family Activity $30 per person X 45 participants X 1 Day — $ 1350 00
3. Guest Host Family Specialist Moderator Arlene Cornnely two hour presentation — $ ~~175~~ 00
4. _____ — $ _____.___
5. _____ — $ _____.___

# CERTIFICATION BY APPLICANT

***This form must be notarized, signed, and dated. Incomplete forms will not be accepted***

I, Yvonne Rubien, do hereby certify that I am duly authorized agent representing G.I.F.T, serving the organization in the capacity of DIRECTOR, and that all the information contained herein is accurate and true to the best of my knowledge. As such, I certify that:

a. All funds received will be used solely for a PERMISSIBLE USE as defined in the Guideline; and

b. No funds received will be used for political or personal purposes; and

c. No funds received will be used in an improper or illegal manner as defined under State, Federal or Local Laws, rules, regulations, orders, and ordinances; and

d. No officer, director, trustee, or fiduciary affiliated with this Organization has been:

   1. Convicted of a felony offense under federal or state law; or
   2. Convicted of any drug offense; and

e. This Organization is in compliance with all federal laws that apply; and

f. This Organization is in compliance with the federal civil rights laws; and

g. This Organization will account separately for use of funds; and

h. This Organization will be subject to standard accounting requirements and practices employed under state and/or local law for use of awarded funds.

## SIGNATURE/CERTIFICATION

***CERTIFICATE AND ASSURANCES (Please initial next to each in blue ink, by initialing and signing this application for funding the applicant agrees to comply with the following terms and conditions if awarded LETF Funding.***

## PERIOD OF PERFORMANCE

Initial ___ Applicants shall commence services as soon as practical and reasonable under the circumstances. All program activities must be completed within one (1) year of disbursement, unless said date is extended by the Lauderhill Police Department (LPD). Any request for extension of time must be submitted no later than 30 days before the end of the performance period of the award.

## Please identify all vendor(s) from whom goods / services will be purchased:

** all vendors used under this request must be licensed. A copy of their license and w9 may be requested as an addendum to this application packet*

Nailed It DIY FORT LAUDERDALE W-9 SUBMITTED
Willies Food Truck
Sams Club

## List your total budget amount for this program:

** a copy of your entire program budget must be attached and submitted with this application packet*

attached

***Attach Invoices/receipts/estimates/other from vendors to this page***

***Check the appropriate box below:***
***Please find the following supporting document attached***

- ☐ ***Invoice***
- ☐ ***Receipt***
- ☐ ***Estimate***
- ☐ ***Other:*** _____

## REPORTS AND DELIVERIES

Initial _____ Applicants will keep clear and accurate records throughout the Program period so that the progress of the services rendered may be readily evaluated by LPD at mutually agreed upon times.

Initial _____ Applicants will provide LPD with a quarterly program report which shall include the current Program status by APPLICANT in completeing/servicing the program, expenditure of funds, backup documentation supporting expenses, in addition to such other pertinent information as requested by LPD on the report form to LPD no later than fifteen (15) days of the end of each quarter.

Initial _____ A final report of activities and expenditures documented by receipts or other financial proof of expenditure of the program shall be submitted by APPLICANT on the report from to LPD no later than forty five (45) days of the end of the performance period. All cost and expense in generating and delivery of such documentation shall be burdened by APPLICANT and the documents shall be delivered in a format acceptable to LPD. Failure to comply with the reporting requirements shall result in APPLICANT having to return LETF.

## RETURN OF FUNDS

Initial _____ If APPLICANT fails to perform; or is determined later to not be qualified to receive LETF; or if there was an untruthful statement made by APPLICANT within its Request for Funding Application (Application); or fails to provide the necessary reporting documents to LPD, then all LETF disbursed to the APPLICANT shall be returned to LPD within ten (10) business days of LPD written demand for the same and APPLICANT may be ineligible for any future LETF disbursements.

## SPECIAL PROVISION

All services should be provided exclusively in Broward County to Broward County residents.

Initial _____ APPLICANT will not qualify for subsequent year funding LPD and will not be able to receive subsequent year funding until a complete report, approved by LPD has been obtained for prior year activities that were funded by LETF award. Notwithstanding the forgoing, LPD shall not be obligated to award any subsequent funding unless and until the APPLICANT reapplies for the smae and is approved for disbursements, at the discretion of LPD.

Initial _____ Failure to spend grant funds in accordance with the approved project budget will result in return of funds to LPD.

Initial _____ Failure of the APPLICANT to submit a complete report with backup documentation to LPD, at no cost to LPD, will result in immediate return of funds to LPD.

False statements or claims made in connection with this LETF Funding Application may result in fines, imprisonment, and/or any other remedy available by law. I certify that the assurances provided are true and accurate to the best of my knowledge.

**Applicant Agency Name**: GEF _____

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

**Give Form to the requester. Do not send to the IRS.**

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above
Guardians Involved for Tomorrow

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.
GIFT

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.
5139 North University Drive

Requester's name and address (optional)

6 City, state, and ZIP code
Lauderhill Fl 33351

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | – | | | – | | | | |

**or**

**Employer identification number**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 3 | – | 0 | 9 | 8 | 1 | 5 | 5 | 5 |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** | **Signature of U.S. person ▶** [signature] **Date ▶** 1/1/25

# General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See* What Is backup withholding, *later.*